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# FAX INTELLECTUAL PROPERTY LAW

FAX RECEIVED

To: U.S. Patent & Trademark Office From: Anton J. Hopen

APR 08 2002

Attn: Stephen J. Castellano - Art Unit 3727 Client: 1287.02

GROUP 3/00

Fax: (703) 872-9302 Pages: 17 including coversheet

Phone: (703) 308-1035 Date: April 8, 2002

Re: USSN 09/682,168 CC: Marshall R. Moore

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Practitioner's Docket No. 1287.02

**PATENTS****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

MARSHALL M. MOORE

Serial No.: 09/682,168

Art Unit: 3727  
Examiner: Stephen J. Castellano

Filed: 07/21/2001

For: Foam Insulated Fuel Tank (as amended)

**FAX RECEIVED**

Faxed to Technology Center 3720 at (703) 872-9302  
Box Fee Amendment  
Hon. Commissioner for Patents  
Washington, D.C. 20231

APR 08 2002

GROUP 3700

**AMENDMENT TRANSMITTAL**

- Transmitted herewith is an amendment for this application.

**STATUS**

- Applicant is an independent inventor. A statement was already filed.

**EXTENSION OF TERM**

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of term is required. Petition And Fee For Extension of Time is attached hereto.

**CERTIFICATE OF FACSIMILE TRANSMISSION**  
(37 C.F.R. 1.8 (a))

I HEREBY CERTIFY that this Amendment A is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 3727, Attn: Stephen J. Castellano, (703) 872-9302 on April 8, 2002.

Dated: April 8, 2002

  
Deborah Preza

(Amendment Transmittal—page 1)

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3) SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total 17	Minus 20	= 0	x \$9 =	\$0
Indep. 1	Minus 3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim			+ \$130 =	\$0
			Total Addit. Fee	\$0.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No Additional fee for claims is required.

**FEE DEFICIENCY**

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.  
 If any additional fee for claims is required, charge Deposit Account No. 500745.



SIGNATURE OF PRACTITIONER

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(Amendment Transmittal—page 2)